


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P32328
 1. Entity Name
 HULCO SALES CORP.



Principal Place of Business 101 N. 9TH ST TERRE HAUTE, IN 47807 US	Mailing Address P.O. BOX 150 TERRE HAUTE IN TERRE HAUTE, IN 47808 US
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02132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-1812152	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GEORGE, MARI H. 101 N. 9TH STREET TERRE HAUTE, IN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEORGE, ANTON H. 101 N 9TH STREET TERRE HAUTE, IN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BELSKUS, JEFFREY G. 101 N. 9TH STREET TERRE HAUTE, IN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORRIS, GARY 101 N 9TH STREET TERRE HAUTE, IN 478080150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST FORSYTHE, LINDA 101 N 9TH STREET TERRE HAUTE, IN 478080150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000439330
 03/01/06-80042-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Linda Forsythe, Linda A Forsythe 2-15-06 812-232-9446
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #